Form 3160-5 (March 2012)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

N.M. OIL CONSERVATION DIVISION

811 S. FIRST STREET

FORM APPROVED OMB No. 1004-0137 Expires: October 31, 2014

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an
abandoned well. Use Form 3160-3 (APD) for such proposals.

ARTESIA, NVI 1994SE Serial No. 6. If Indian, Allottee or Tribe Name

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.							
SUBMIT IN TRIPLICATE – Other instructions on page 2.					7. If Unit of CA/Agreement, Name and/or No.		
1. Type of Well							
Oil Well Gas Well Other					8. Well Name and No. Chaves A Federal #6		
2. Name of Operator Legacy Reserves Operating LP					9. API Well No. 30-005-63571		
3a. Address 3b. Phone No. (include area code)					10. Field and Pool or Exploratory Area		
PO Box 10848, Midland, TX 79702 432-689-5200				´	Pecos Slope; ABO (Gas)		
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description)				1	1. County or Parish,	State	
1980' FNL & 1980' FEL, Unit Letter G, Sec. 21, T-7-S, R-26-E					Chaves Co., NM		
12. CHEC	K THE APPROPRIATE BO	X(ES) TO IND	ICATE NATUR	E OF NOTICE	, REPORT OR OTH	ER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION						
1 Drugge Grand	Acidize Deepe		en Prod		tion (Start/Resume)	Water Shut-Off	
Notice of Intent	Alter Casing	Fract	ure Treat	Reclamation Well Inte		Well Integrity	
Subsequent Report	Casing Repair	☐ New	Construction	Recom	plete	Other Change of Operator	
Subsequent Report	Change Plans	Plug	and Abandon	Tempor	rarily Abandon		
Final Abandonment Notice	Convert to Injection	Plug	Back	Water I	Disposal		
Effective 01/01/2013 COG Opera The undersigned accepts all app or portion thereof, as described a Legacy Reserves Operating LP to	licable terms, conditions, sabove.	stipulations an	d restrictions co	oncerning ope	VED 2013 TESIA		
14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)						4/05/12	
Ernie Hanson			Title Operation	ons Manager		1/9/0	
Signature Enal Date Date			Date 01/01/20	013			
	THIS SPACE	FOR FEDE	RAL OR ST	ATE OFFI	CE USE		
Approved by /S/ DAV Conditions of approval, if any, are attached that the applicant holds legal or equitable tentitle the applicant to conduct operations	Title ertify ould Office	- DASS	WILLIELD OF	Date APR 10 2013			
Title 18 U.S.C. Section 1001 and Title 43 fictitious or fraudulent statements or repre				and willfully to r	nake to any departmen	nt or agency of the United States any false	